



## APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: CANNULAS, CANNULA MOUNT ASSEMBLIES, AND CLAMPING METHODS USING SUCH CANNULAS AND CANNULA MOUNT ASSEMBLIES

described and claimed in the specification:

**Check one**

\*a.  attached hereto.

b.  filed on August 25, 2003 as Application No. 10/646,801 and amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application and/or United States provisional application filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

Provisional Patent Application Nos. 60/405,321 filed August 23, 2002 and 60/460,875 filed April 8, 2003.

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;  
 Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;  
 Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;  
 Mario A. Costantino, Reg. No. 33,565; Stephen J. Roe, Reg. No. 34,463;  
 Joel S. Armstrong, Reg. No. 36,430; Christopher W. Brown, Reg. No. 38,025;  
 Richard E. Rice, Reg. No. 31,560; Paul Tsou, Reg. No. 37,956; and  
 Eric D. Morehouse, Reg. No. 38,565.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE,  
 PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

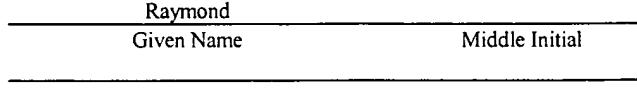
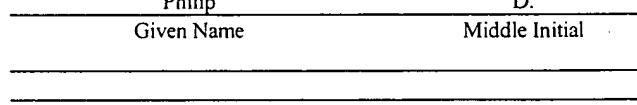
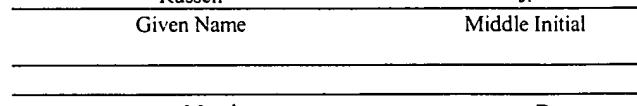
1	<b>Typewritten Full Name of First or Sole Inventor</b>			Given Name	Middle Initial	SCHEIN
	<i>Douglas</i>			A.		
2	<b>**Inventor's Signature:</b>			<i>[Signature]</i>		<b>Family Name</b>
3	<b>**Date of Signature:</b>			5		2003
Residence:		Month	Day	Year		
		Chicago	Illinois	USA		
Citizenship:		City	State or Province	Country		
		USA				
Post Office Address: (Insert complete mailing address, including country)						
<u>2420 N. Seminary Ave., Apt. 1, Chicago, Illinois 60614, USA</u>						

\*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

\*\*Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

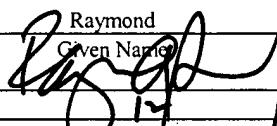
**IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE**

**PAGE 2 OF U.S.A. DECLARATION FORM**  
**(Discard this page in a sole inventor application)**

1	<i>Typewritten Full Name of Second Joint Inventor (if any)</i>	David	W.	WRIGHT
		Given Name	Middle Initial	Family Name
2	**Inventor's Signature:			
3	**Date of Signature:	DECEMBER	B	2003
Residence:	Littleton	Month	Day	Year
	City		Colorado	USA
Citizenship:	USA		State or Province	Country
Post Office Address: (Insert complete mailing address, including country)	5 Willowleaf Drive, Littleton, Colorado 80127, USA			
1	<i>Typewritten Full Name of Third Joint Inventor (if any)</i>	Raymond		SIRIANNE
		Given Name	Middle Initial	Family Name
2	**Inventor's Signature:			
3	**Date of Signature:	Month	Day	Year
Residence:	Evergreen	Colorado		USA
	City		State or Province	Country
Citizenship:	USA			
Post Office Address: (Insert complete mailing address, including country)	2810 South Olympia Lane, Evergreen, Colorado 80439, USA			
1	<i>Typewritten Full Name of Fourth Joint Inventor (if any)</i>	Philip	D.	PALERMO
		Given Name	Middle Initial	Family Name
2	**Inventor's Signature:			
3	**Date of Signature:	Month	Day	Year
Residence:	Marietta	Georgia		USA
	City		State or Province	Country
Citizenship:	USA			
Post Office Address: (Insert complete mailing address, including country)	1764 Blackwillow Drive, Marietta, Georgia 30066, USA			
1	<i>Typewritten Full Name of Fifth Joint Inventor (if any)</i>	Russell	J.	KROLL
		Given Name	Middle Initial	Family Name
2	**Inventor's Signature:			
3	**Date of Signature:	Month	Day	Year
Residence:	Atlanta	Georgia		USA
	City		State or Province	Country
Citizenship:	USA			
Post Office Address: (Insert complete mailing address, including country)	32 Peachtree St. #605, Atlanta, Georgia 30303			

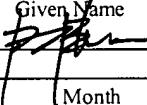
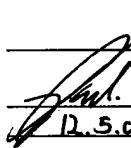
**Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.  
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1	Typewritten Full Name of Second Joint Inventor (if any)	David	W.	WRIGHT
		Given Name	Middle Initial	Family Name
2	**Inventor's Signature:			
3	**Date of Signature:	Month	Day	Year
Residence:	Littleton	Colorado	USA	USA
Citizenship:	USA	State or Province	Country	
Post Office Address: (Insert complete mailing address, including country)	5 Willowleaf Drive, Littleton, Colorado 80127, USA			
1	Typewritten Full Name of Third Joint Inventor (if any)	Raymond	SIRIANNE	
		Given Name	Middle Initial	Family Name
2	**Inventor's Signature:			
3	**Date of Signature:	17	22	03
Residence:	Evergreen	Colorado	USA	USA
Citizenship:	USA	State or Province	Country	
Post Office Address: (Insert complete mailing address, including country)	2810 South Olympia Lane, Evergreen, Colorado 80439, USA			
1	Typewritten Full Name of Fourth Joint Inventor (if any)	Philip	D.	PALERMO
		Given Name	Middle Initial	Family Name
2	**Inventor's Signature:			
3	**Date of Signature:	Month	Day	Year
Residence:	Marietta	Georgia	USA	USA
Citizenship:	USA	State or Province	Country	
Post Office Address: (Insert complete mailing address, including country)	1764 Blackwillow Drive, Marietta, Georgia 30066, USA			
1	Typewritten Full Name of Fifth Joint Inventor (if any)	Russell	J.	KROLL
		Given Name	Middle Initial	Family Name
2	**Inventor's Signature:			
3	**Date of Signature:	Month	Day	Year
Residence:	Atlanta	Georgia	USA	USA
Citizenship:	USA	State or Province	Country	
Post Office Address: (Insert complete mailing address, including country)	32 Peachtree St. #605, Atlanta, Georgia 30303			

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1	Typewritten Full Name of Second Joint Inventor (if any)	David	W.	WRIGHT
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2	**Inventor's Signature:			
3	**Date of Signature:	Month	Day	Year
Residence:	Littleton	Colorado	USA	Country
Citizenship:	USA			
Post Office Address: (Insert complete mailing address, including country)	5 Willowleaf Drive, Littleton, Colorado 80127, USA			
1	Typewritten Full Name of Third Joint Inventor (if any)	Raymond	SIRIANNE	
		Given Name	Middle Initial	Family Name
2	**Inventor's Signature:			
3	**Date of Signature:	Month	Day	Year
Residence:	Evergreen	Colorado	USA	Country
Citizenship:	USA			
Post Office Address: (Insert complete mailing address, including country)	2810 South Olympia Lane, Evergreen, Colorado 80439, USA			
1	Typewritten Full Name of Fourth Joint Inventor (if any)	Philip	D.	PALERMO
		Given Name	Middle Initial	Family Name
2	**Inventor's Signature:		12	03
3	**Date of Signature:	Month	Day	Year
Residence:	Marietta	Georgia	USA	Country
Citizenship:	USA			
Post Office Address: (Insert complete mailing address, including country)	1782 Millhouse Run, 1764 Blackwillow Drive, Marietta, Georgia 30066, USA			
1	Typewritten Full Name of Fifth Joint Inventor (if any)	Russell	J.	KROLL
		Given Name	Middle Initial	Family Name
2	**Inventor's Signature:		12.5.03	
3	**Date of Signature:	Month	Day	Year
Residence:	Atlanta	Georgia	USA	Country
Citizenship:	USA			
Post Office Address: (Insert complete mailing address, including country)	32 Peachtree St. #605, Atlanta, Georgia 30303			

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**PAGE 3 OF U.S.A. DECLARATION FORM**  
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1 *Typewritten Full Name  
of Sixth Joint Inventor (if any)*

Given Name	Middle Initial	Family Name
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2 \*\*Inventor's Signature:

<i>John</i>	M.	<i>BRASSIL</i>
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3 \*\*Date of Signature:

<i>12</i>	<i>5</i>	<i>2003</i>
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Residence:

Month	Day	Year
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*Northbrook*

*Illinois*

*USA*

Citizenship:

City	State or Province	Country
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*USA*

Post Office Address: (Insert complete mailing address, including country)	<i>1810 Maple Avenue, Northbrook, Illinois 60062, USA</i>
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1 *Typewritten Full Name  
of Seventh Joint Inventor (if any)*

Given Name	Middle Initial	Family Name
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2 \*\*Inventor's Signature:

<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
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3 \*\*Date of Signature:

Month	Day	Year
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Residence:

City	State or Province	Country
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*[Address]*

Post Office Address: (Insert complete mailing address, including country)	<i>[Address]</i>
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1 *Typewritten Full Name  
of Eighth Joint Inventor (if any)*

Given Name	Middle Initial	Family Name
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2 \*\*Inventor's Signature:

<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
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3 \*\*Date of Signature:

Month	Day	Year
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Residence:

City	State or Province	Country
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Citizenship:

City	State or Province	Country
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Post Office Address: (Insert complete mailing address, including country)	<i>[Address]</i>
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1 *Typewritten Full Name  
of Ninth Joint Inventor (if any)*

Given Name	Middle Initial	Family Name
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2 \*\*Inventor's Signature:

<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
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3 \*\*Date of Signature:

Month	Day	Year
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Residence:

City	State or Province	Country
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Citizenship:

City	State or Province	Country
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Post Office Address: (Insert complete mailing address, including country)	<i>[Address]</i>
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